



Transcript Request Form

Email to: ehsrecordsrequest@eastmont206.org or Fax to: (509) 888-1297 or Mail to EHS

PERSONAL INFORMATION

Full Name: Last First M.I. Today's Date: Maiden Name: Last First M.I. Address: Street Address Apartment/Unit # City State ZIP Code Phone: () E-mail Address: Birthdate:

TRANSCRIPT REQUEST INFORMATION

YES NO Qty Official Transcript (Sealed Envelope) YES NO Qty Unofficial Transcript - Personal Copy Did you graduate? YES NO Graduation year or last year attended:

SEND TRANSCRIPT TO:

MAIL FAX to: () Full Name: Phone: () Institution: Phone: () Address: City State Zip

MAIL FAX to: () Full Name: Phone: () Institution: Phone: () Address: City State Zip

DISCLAIMER AND SIGNATURE

I authorize the release of my official High School transcript to the people and/or institutions mentioned above.

Signature: Date: